

Certificate of Insurance

Certificate Malled To:

Name of insured:

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ARIZONA DE	PARTMENT OF	PUBLIC	SAFETY	MILUM TEXTILE	SERVICES
2 RP PO	BOX 6638	MD1330		333 N 7th Ave	
PHOENIX AZ	85005			Phoenix AZ 8500	7
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				Policy Number:	· · · · · 312611 · · ·
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				Origin Date:	01/01/2001
				Expiration Date	01/01/2007
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This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or after the coverage afforded by the policy listed hereon. This is to certify certificate does not amend, extend or alter the coverage antorded by the policy listed hereon. If his a workers compensation policy has been issued to the insured listed hereon and is in lorce for the reterenced.

Certificate Issued To:

Arizona Department of Public Safety
2 RP: PO BOX 6638 MD1330
Phoenix AZ: 85005

Authorized Representative a workers compensation policy has been issued to the insured listed hereon and is in force for the period